


From:

05/29/2009 07:31

#524 P. 002/003

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>		<b>09 JUN 25 PM 4:42</b>  SECRETARY OF STATE TALLAHASSEE, FLORIDA																													
<b>DOCUMENT # N23209</b>																																	
<b>1. Corporation Name</b> LAKES OF THE MEADOW VILLAGE HOMES CONDOMINIUM NO. EIGHT MAINTENANCE ASSOCIATION																																	
<b>2. Principal Office Address - No P.O. Box #</b> 18001 OLD CUTLER RD Suite, Apt. #, etc. 521 City & State PALMETTO BAY FLORIDA Zip 33157 Country US			<b>3. Mailing Office Address</b> 18001 OLD CUTLER RD Suite, Apt. #, etc. 521 City & State PALMETTO BAY FLORIDA Zip 33157 Country US																														
<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 06/25/09--01004--003 **236.25 <b>REINSTATEMENT</b> 09			<b>5. FEI Number</b> 650036393 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable																														
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>			\$8.75: Additional Fee required for a Certificate of Status																														
<b>7. Name and Address of Current Registered Agent</b> Name BROUGH, CHADRON & LEVINE, P.A. Street Address (P.O. Box Number is Not Acceptable) 1900 NORTH COMMERCE PARKWAY Suite, Apt. #, Etc. City WESTON State FL Zip Code 33326																																	
<b>8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.</b> Signature of Registered Agent <u>[Signature]</u> Date <u>5/29/09</u> REGISTERED AGENT MUST SIGN																																	
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Titles</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>DP</td> <td>LUCY PRICE</td> <td>15035 SW 48 TER. (G)</td> <td>MIAMI FL 33185</td> </tr> <tr> <td>DT</td> <td>CARLOS DALMASIO LOPEZ</td> <td><del>8350</del> 6925 NW 51 ST</td> <td>MIAMI FL 33166</td> </tr> <tr> <td>DS</td> <td>ANGELICA PEREIRA</td> <td>15125 SW 48 TER. (G)</td> <td>MIAMI FL 33185</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>						Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	DP	LUCY PRICE	15035 SW 48 TER. (G)	MIAMI FL 33185	DT	CARLOS DALMASIO LOPEZ	<del>8350</del> 6925 NW 51 ST	MIAMI FL 33166	DS	ANGELICA PEREIRA	15125 SW 48 TER. (G)	MIAMI FL 33185												
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<b>10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</b> SIGNATURE: <u>Lucy Price President</u> Date <u>5/29/09</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #																																	

6/25/09